U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

Name Ronald

Street

City

1. File Number U- 25/93

L Horn

Vice President

ZIP Code + 4 63401

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Hannibal

5. Position in labor organization.

State Missouri

103 Carriage Rd.

Ε

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is rrandatory under P.L. 88-257, as americed. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

ZIP Code + 4 63401

Name Communication Workers of America Local 6311

4. Name, file number, and address of labor organization.

Labor Organization File Number 007-466

P.O. Box, Building and Recm Number, if any

Street 103 Carriage Rd.

Hannibal

Missouri

Date

City

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name SBC		Attended CIF, HR metting, Airfare, lodging, meals, paid by company per contract. Recieved complment tickets from External Affairs for events at Savvis		
Trade Name, if any:		Cent	Center in ST.Louis Mo. I am also an employee of then SBC now at&t.	
P.O. Box, Bldg , Room No., if an	1			
		7.b. Am	ount.	
Street 820 Broadway				
City Hannibal			\$ 1071. 00	
State Missouri	ZIP Code + 4 63401			
	A A A A A A A A A A A A A A A A A A A	Signature		
15. Signature and verification.	The undersigned declares, under penalt	y of Perjury ar	d other applicable p	enalties of the law, that all of the information
submitted in this report (including undersigned's knowledge and b	the information contained in any accomp elief, true, correct, and complete. (See the	panying docun e section on p	ients), has been exa enalties in the instru	mined by the signatory and is, to the best of the clions.)
	00 11	,		•

Telephone Number

Name of Persor Filing Ronald Horn	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade rame, if any).	9. Business deals with:				
Name	a. Labor Organizat on				
Trade Name, if any:	b. Trust				
P.O. Box, Bldg. Room No., if any	c. Employer				
Street					
City					
State 2IP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employers name.	11.a. Nature of such deal rg.				
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4	į				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
42 h Jahla Duringan England	14.b. Amount of payment.				

13.b. Is the Business an Employer

or Consultant

?